

DECLARATION
FOR UTILITY OR DESIGN
PATENT APPLICATION

☒ Declaration Submitted With Initial Filing
☐ Declaration Submitted After Initial Filing

) Attorney Docket No.: 70496
)
) First Named Inventor: David Jenkins
)
)
) Application Number:
)
) Filing Date: HEREWITH
)
) Group Art Unit:
)
) Examiner Name:

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAL IMPLANT FOR ELECTROSTIMULATION
USING DISCRETE MICRO-ELECTRODES

(Title of Invention)

the specification of which:

(X) is attached hereto, or

() was filed by an authorized person on my behalf on _____ (Date)
as United States Application Number _____
or PCT International Application Number _____,
and was amended on _____ (if applicable).
(Date)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States of America, listed below, and I have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application, on this invention filed by me or my legal representatives or assigns and having a filing date before that of the application on which priority is claimed:

Prior Foreign Application Number(s)	Country	Foreign Filing Date	Priority Not Claimed	Certified Copy Attached	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

<u>Provisional Application Number(s)</u>	<u>Provisional Application Filing Date</u>
60/181,320	February 9, 2000
60/249,096	November 15, 2000
60/249,654	November 17, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code, §120, of any prior United States application(s), or under §365(c) of any PCT international application(s) designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose all information known by me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

<u>Prior U.S. Application Number</u>	<u>Prior PCT International Application Number</u>	<u>Filing Date of U.S. or PCT International Application</u>	<u>Patent Number (if applicable)</u>
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☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the practitioners associated with Customer Number 22242, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, and request that all correspondence and telephone calls in respect to this application be directed to FITCH, EVEN, TABIN & FLANNERY, Suite 1600, 120 South LaSalle

Street, Chicago, Illinois 60603-3406, Telephone No. (312) 577-7000,
Facsimile No. (312) 577-7007, CUSTOMER NUMBER 22242.



I hereby declare that all statements made herein of my own knowledge are true, and that all statements made herein on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity or enforceability of the application or any patent issued thereon.

Full name of sole or one
joint inventor:

David Jenkins
(Given names first, with Family name last)

Inventor's signature:

Date:

Residence:

Flanders, New York
(City and State for U.S. Residents;
City and Country for others)

Post Office Address:

17 Bennington Drive
Flanders, NY 07836

Citizenship:

United States

Full name of sole or one
joint inventor:

Pat Gordon
(Given names first, with Family name last)

Inventor's signature:

Date:

Residence:

Wayzata, Minnesota
(City and State for U.S. Residents;
City and Country for others)

Post Office Address:

494 Highcroft Road
Wayzata, MN 55391

Citizenship:

United States

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) or Patentee(s): Jenkins et al.

Application No. or Patent No.:

Filed or Issued: HEREWITH

For: MEDICAL IMPLANT FOR
ELECTROSTIMULATION USING
DISCRETE MICRO-ELECTRODES

Group Art Unit:

Examiner:

VERIFIED STATEMENT (DECLARATION) CLAIMING
SMALL ENTITY STATUS (37 C.F.R. §§1.9(f)
and 1.27(c)) - SMALL BUSINESS CONCERN

I hereby declare that I am:

- () the owner of the small business concern identified below:
(X) an official of the small business concern empowered to act on
behalf of the concern identified below:

NAME OF CONCERN TRANSNEURONIX, INC.
ADDRESS OF CONCERN 100 Stierli Court, Suite 106
Mt. Arlington, NJ 07856

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 37 C.F.R. §1.9(d) and in 13 C.F.R. Part 121 to be eligible for reduced patent fees under Section 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons, and that the concern has not assigned, granted, conveyed or licensed (and is under no obligation to do so) any rights in the invention to any person who made it and could not be classified as an independent inventor, or to any concern which would not qualify as a non-profit organization or a small business concern under 13 C.F.R. §121.802. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled MEDICAL IMPLANT FOR ELECTROSTIMULATION USING

DISCRETE MICRO-ELECTRODES by inventor(s)
David Jenkins and Pat Gordon
described in:

- (X) the specification filed herewith.
() application number / , filed .
() Patent No. , issued .

If the rights held by the above-identified small business concern are not exclusive, each individual, concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as an independent inventor under 37 C.F.R. §1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 C.F.R. §1.27)

Full Name _____
 Address _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Full Name _____
 Address _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

Full Name _____
 Address _____
☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate (37 C.F.R. §1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING	<u>David Jenkins</u>
TITLE OF PERSON IF OTHER THAN OWNER	<u>President</u>
ADDRESS OF PERSON SIGNING	<u>100 Stierli Court, Suite 106</u> <u>Mt. Arlington, NJ 07856</u>
SIGNATURE	_____
DATE	_____